

**Exhibit F**  
**Highway Traffic Safety**  
**LAW ENFORCEMENT FINAL REPORT**

AGENCY : _____
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CONTRACT #: _____
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Describe the overall results of the enforcement project.

Did the project achieve what you envisioned? Did you feel it affected the public's perception of enforcement?

Were there difficulties encountered with the enforcement project or other related activities?

Were there problems with billing and reimbursement?

Do you have other comments about the project?

**Please submit this form to the to the State Highway Traffic Safety Office within 30 days after the end of the contract period. Fax number is (406) 444-9409.**

**Please contact Al Goke by phone at (406) 444-7301 or by e-mail [agoke@state.mt.us](mailto:agoke@state.mt.us) if you have any questions.**